

DPD 2083-41
COPY 6 OF 2

March 27, 1961
REF: 9014-61-7C

Dear Jim:

Attached hereto is Invoice #34 on your Contract BB-375.

We would appreciate your processing this for payment.

Very truly yours,



Contracts Manager

STAT

HAM:pf
Enclosure

INVOICE

Itek Corporation

Waltham 54, Massachusetts

Encl #1
 DPD 2083-61
 COPY, OF 2

SOLD TO:

SHIPPED TO:

INVOICE DATE 3/22/61

INVOICE NO. 34

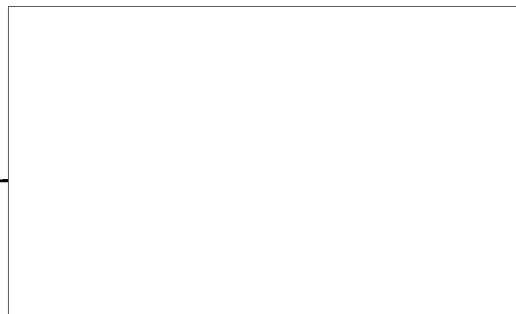
terms, net cash

YOUR ORDER NO.	GOV'T CONTRACT NO.	SHIPPED VIA -	
	<i>BB-375</i>		9014

PERIOD COVERED: INCEPTION THRU 3/15/61

Direct Labor	\$ 78,386.93
Overhead	121,917.99
Materials	81,811.95
Sub-Contract	11,473.22
Other Direct Charges	23,411.24
Total Manufacturing Cost	<u>317,001.33</u>
General Administration	31,700.15
Total	<u>348,701.48</u>
Previously Billed by Itek	<u>347,141.69.</u>
Net Amount Due on this Invoice	<u>\$ 1,559.79</u>

I certify that the above bill is correct and just and that payment has not been received. Payment is requested on a provisional basis pending the establishment of accepted overhead rates.



 easurer

STAT

-9014-

Invoice No. 34

PERIOD COVERED: 3/1 thru 3/15/61Direct Labor

Quality Control \$ 1.80

Engineering 526.52

Total Direct Labor

\$ 528.32 ✓

Overhead

Quality Control @ 142% ✓ 2.56 ✓

Engineering @ 155% ✓ 816.11 ✓

Total Overhead

818.67 ✓

Materials

40.00 ✓

Tel. & Tel.

31.00 ✓

Total Manufacturing Cost

1,417.99

General Administration @10% ✓

141.80 ✓

Total

\$1,559.79

Standard Form No. 1034
7 GAO 5030
1034-106**PUBLIC VOUCHER FOR PURCHASES AND
VICES OTHER THAN PERSONAL**

D. O. VOU. NO. _____

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

U. S. _____
(Department, bureau, or establishment)Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO _____
(Payee)

Boston, Massachusetts

(Address)

PAID BY

Contract No. BB 375

Date

Req. No.

Date

Invoice Rec'd.

Shipped from _____ to _____

Weight

Govt. B/L No.

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 33 34				\$8,005.49 1,559.79
TOTAL						\$9,565.28

PAYMENT:

COMPLETE ☐

PARTIAL ☐

FINAL ☐

PROGRESS ☐

ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for
(Signature or initials)

\$9,565.28

STAT
STAT

† Approved for _____ = \$ _____

By _____
Title _____
Exchange rate _____ = \$1.00

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES

ACCOUNTING CLASSIFICATION (Appropriation)

y that
ment.13 Apr. 61
(Date)

Acting Officer)

DRM

onal)

Paid by { Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____